Massachusetts Board of Registration in Nursing
Board News...

APRIL 2007 VOLUME 2, NUMBER 2

Contact Us:

239 Causeway Street

Suite 200

Boston, MA
02114

617-973-0800

www.mass.gov/dph/
boards/rn

The mission of the Board of Registration in Nursing is to *lead* in the protection of the *health, safety and welfare* of the citizens of the Commonwealth through the fair and consistent application of the statutes & regulations governing nursing practice & nursing education

What's New...

Jerome Groopman presents to the Board. Jerome Groopman, MD, is Professor of Immunology at Harvard Medical School, Chief of Experimental Medicine at Beth Israel Deaconess Medical Center, and one of the world's leading researchers in cancer and AIDS. Dr. Groopman has authored four books, the most recent being, *How Doctors Think*. Available on book shelves since mid-March, the book contains examples of Dr. Groopman's own lessons learned from hard experiences. The book tells of a journey into the medical mind, documenting how doctors arrive at their diagnoses and why sometimes they detour and fail. The aim in writing the book, explains Dr. Groopman, "is to contribute to a better understanding for both laymen and medical professionals of what it takes to succeed and how to avoid misdiagnosis and misguided care." Dr. Groopman presented the Board with a stimulating and rich talk about the most common pitfalls in a physician's thinking. He also focused on how patients can engage in dialogue that will help their doctors to listen more carefully and think more clearly.

Dr. Groopman provided many personal accounts that lead to his writing of *How Doctors Think*, which is the first book of its kind. In it, he presents an entirely new way of understanding medical care and gives patients and their families insights into why doctors sometimes succeed in their thinking and other times fail. Most interesting to the Board was Dr. Groopman's descriptions of how the relationship between doctors and nurses can have a positive effect on patient outcomes. For additional information please visit www.jeromegroopman.com .

The Board bids farewell. The Board wishes a fond farewell to Sheila Kaiser, RN/NA and Laurie Hartigan, LPN who have recently resigned from their positions on the Board. The Board and staff also wish a very special and fond farewell to Ann Montminy for her many years of devoted service as both a Board member and Board Chair. Ann served in the Board's position for Registered Nurse Educator from Associate Degree Programs and was instrumental in developing many educational policies in use at the Board. Ann, you will be missed. Good luck.

The Board extends welcome. On January 10, 2007, the Board welcomed to her first meeting as the new Registered Nurse Educator from Associate Degree Programs, Anne Zabriskie.

Staff departure. After many years of service as the Board's Nursing Practice Coordinator, Complaint Resolution Coordinator and most recently as Deputy Executive Director, Bette Lindberg has taken a position as the manager of the Office of Public Protection within the Division of Health Professions Licensure. Best of luck to you Bette.

Staff arrivals. Welcome to Mary Matthews and Maryanne Sheckman who have recently joined the Board staff as nurse-investigators. Welcome aboard.

Congratulations. On February 14, 2007, the Board granted Full Approval Status to the Tri-County Regional Vocational High School's LPN program.

A note of thanks. The following Massachusetts nurses participated in the NCLEX ® Item Development Program of the National Council of State Boards of Nursing for the first quarter of Fiscal Year 2007: Michelle Colleran Cook, Debra Jean Burke, Cathleen Santos, Tim Bruce Chilcott, and Kimberley Ann Brown.

Featured. The Board's column on transitioning of new nurses to the workplace that was featured in the January 2007 newsletter has been reprinted by the Massachusetts Association of Registered Nurses statewide newsletter due to be available in April 2007.

Policy Update. On February 14, 2007, the Board unanimously adopted revisions to the Good Moral Character licensure requirements. The revisions include:

- Codification that an applicant seeking Authorization to Practice as an Advanced Practice Registered Nurse is subject to Good Moral Character requirements;
- Codification that the Good Moral Character policy serves as a guide for determining Good Moral Character of all nurses licensed by the Board if and when such questions arise;
- Conviction of crimes of exploitation or criminal mistreatment of a vulnerable individual including, but not limited to, a minor, elder and/or disabled person is conduct rising to permanent exclusion from licensure; and
- Extension of Board authority to open a complaint against a Registered Nurse license if, during the application process for Authorization to Practice as an Advanced Practice Registered Nurse, a nurse found to have a change in his/her Good Moral Character status since being issued a Registered Nurse license.

Board Member Profiles

Anne M. Zabriskie has been a nursing educator for approximately 30 years. She received her undergraduate degree from St. Joseph College, in Emmitsburg, MD, and her graduate degree from Boston University. Anne began her nursing career as a staff nurse at George Washington University Medical Center in Washington, DC. Her first position as faculty was at Salem State College, where she had the opportunity to participate in major curriculum development efforts, skills that have served her well over the years. After this experience, Anne returned to nursing practice as a nurse manager at Mt. Auburn Hospital where she was pivotal in instituting primary nursing on her unit.

Having worked in baccalaureate nursing education, the majority of her time has been in associate degree education. She is currently the director of the Nursing Program at Northern Essex Community College. Prior to this, she was chair of nursing education at Bunker Hill Community College, and served on the faculty of a variety of nursing programs in Massachusetts as well as the University of North Carolina Wilmington.

She believes her appointment to the Board will allow her an opportunity to contribute to the future direction of nursing in the Commonwealth.

From the Board Chair

Diane Hanley, MS, RN - Chair, Board of Registration in Nursing

During our meeting on January 10, 2007, the Board was privileged to host Maureen Bisognano, Executive Vice President and Chief Operating Officer for the Institute for Health Care Improvement (IHI). Ms. Bisognano provided the Board with a presentation on the ongoing efforts of the IHI to improve the quality of American health care. Stemming from the success of the 100,000 Lives Campaign, IHI is embarking on its newest initiative, "5 Million Lives Campaign."

The initiative is designed around eleven key activities to improve quality and reduce harm by encouraging health care leadership to focus on enhancing governance and leadership strategies for the purposes of establishing a safety culture in which all employees can participate. I find it exciting that this initiative puts into simple words the type of expected leadership behaviors that serve as the gold-standard example for all health care providers.

As chair of the Board, I too am a leader with responsibility for moving the Board in the direction of being a high impact organization as it works to protect the public. When I reflect on the work of the Board, I find that the strategies being recommended by IHI apply to all organizations interested in improving quality outcomes. In its previously published Framework for Leadership Improvements, IHI suggested five core activities that will improve health care delivery. These include:

- Establish the mission, vision & strategy;
- Build the foundation for effective leadership system;
- Build will;
- Ensure access to ideas; and
- Attend relentlessly to execution.

These core activities, when implemented and supported by leadership, will produce a result in which the staff also develop behaviors, skills, habits, processes and technologies that readily and dramatically improve their own performance and contribute to their feelings of satisfaction. Implementing these core activities sets a tone within a facility, a tone that results in a shift from status quo toward engaging in innovative activities that are very attractive and motivating to all.

As a leader both here at the Board and in my own place of employment, I continually work on further developing these habits. I ask all the leaders of health care facilities in Massachusetts to join with me in creating new cultures of excellence. It is important, and it is time for us to change the environment for our staff, patients and all who receive services from a nurse. Last, I encourage all of you to go to: http://www.ihi.org/IHI/Programs/Camaign for additional information on the 5 Million Lives Campaign.

From the Board Executive Director

Rula Harb, MS, RN - Executive Director, Board of Registration in Nursing

As of January 2007, twenty two states have entered into the National Council of State Boards of Nursing (NCSBN) Nurse Licensure Compact (NLC). Twenty states have implemented the NLC (Arizona, Arkansas, Delaware, Idaho, Iowa, Maine, Maryland, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, South Carolina, South Dakota, Tennessee, Texas, Utah,

Virginia, Wisconsin) and 2 states (Colorado and Kentucky) are still in the planning stage. The NLC is a mutual recognition model of nurse licensure that allows a nurse to have one license, in the nurse's state of residency, and to practice in other states, as long as the nurse acknowledges that he or she is subject to each state's practice laws and discipline. Under mutual recognition, practice across state lines is allowed, whether physical or electronic, unless the nurse is under discipline or a monitoring agreement that restricts practice across state lines. In order to achieve mutual recognition, each state must enter into an interstate compact, called the Nurse Licensure Compact (NLC).

"An interstate compact is an agreement between two or more states established for the purpose of remedying a particular problem of multistate concern." (*Black's Law Dictionary*). States that have implemented the NLC to date report that the NLC has definitely reduced barriers to interstate practice, in addition it has increased access to a qualified nursing workforce for their residents, improved tracking for disciplinary purposes, promoted cost effectiveness and simplicity for the licensee, acted as an unduplicated national listing of licensed nurses, for planning and disaster preparedness and facilitated interstate commerce.

Attached are frequently asked questions regarding the Nurse Licensure Compact (NLC)

What is meant by multistate licensure privilege?
Multistate licensure privilege means the authority to practice nursing in any compact state that is not the state of residency. Additional license is not granted for this authority.

What determines primary residency for licensure purposes in the NLC?
The Nurse Licensure Compact Administrators (NLCA) defined primary residence in the compact rules and regulations. Sources used to verify a nurse's primary residence for the NLC may include, but are not limited to, driver's license, federal income tax return or voter registration.

Does the NLC reduce the level of a state's licensure requirements?
No. Under the NLC, states continue to have complete authority in determining licensure requirements and disciplinary actions on a nurse's license per the state's Nurse Practice Act.

Does the NLC affect the authority of the primary state of residency to discipline?
No. As provided in the NLC, both the state of licensure ("home/residency state") and state where the patient is located at the time the incident occurred ("remote/other NLC state") may take disciplinary action and thus directly address the behavior of the nurse licensed through the NLC. The NLC actually enhances the state of residency's ability to discipline; through ready exchange of investigatory information, the state of residency has the most current and accurate information in order to better determine the appropriate course of action in disciplinary cases.

How does the NLC affect individuals participating in alternative programs?
Nothing in the NLC overrides a party state's decision that participation in an alternative program may be used in lieu of licensure action, and that such participation remains nonpublic if required by the laws of the state of residency/licensure. All NLC states must require nurses who enter any alternative programs to agree not to practice in any other NLC state during the term of the alternative program without the prior authorization from that NLC state.

Does a board of nursing have the authority to deny licensure by endorsement to an applicant who has had discipline action in another state?
Yes. The licensing authority in the state where an application is made may choose not to issue a license if the applicant does not meet the qualifications or standards for granting a license.

Are advanced practice registered nurses (APRNs) included in the NLC?
No, not in the NLC, but in 2002, the NCSBN Delegate Assembly adopted the separate APRN Compact model legislation and implementation guidelines. Advanced practice nurses were not included in the original NLC (in 1999) because of the wide variability in the regulation of advanced nursing practice needed special consideration.

Does the NLC impact how disciplinary cases are handled?
All boards of nursing are mandated by law and committed to providing fair and objective resolution of disciplinary cases. The Nurse Practice Acts of most states (including non-NLC states) currently authorize boards of nursing to take action based upon action in another state. This means that a nurse who has his or her license disciplined in one state is likely to also face action in all other states of licensure. Multiple actions are possible, and likely, under the traditional regulatory scheme of single state licensure.
To date, there have been only limited numbers of disciplinary cases that involve two or more states. When two or more states are involved, boards in the NLC rely on the disciplinary determination made by another board just as boards do in non-NLC states.

Does enactment of the NLC affect a state's current Nurse Practice Act?
Enactment of the NLC does not change a state's Nurse Practice Act in any way. The NLC gives states additional authority in such areas as granting practice privileges, taking actions and sharing information with other NLC states.

How will an employer know that a nurse's NLC license is no longer valid?
The burden is on the employer, as it is under single-state licensure models, to verify licensure at all significant times of change in status of nurses they employ. Under the NLC, these significant times include any time a nurse changes state of residence. In addition to verifying licensure with their own state board, they can check Nur*sys*™ at www.nursys.com.

From the Nursing Education Coordinator

Judith Pelletier, MS, RN - Nursing Education Coordinator

The 2006 National Council Licensure Examination (NCLEX®) results for Massachusetts Board of Registration (Board) approved nursing education program are now available at www.mass.gov/dph/board/rn; click on “Nursing Education”, then “Statistics”, then “National Council Licensure Examinations (NCLEX) by Schools”.

The national average pass rate on the NCLEX ® Examination for Practical Nurses for individuals writing the exam for the first time in 2006 was 88% and for LPN candidates educated in Massachusetts the average pass rate was 94%. The national average pass rate on the NCLEX ® Examination for Registered Nurses for individuals writing the exam for the first time in 2006 was 88% and for RN candidates educated in Massachusetts the average pass rate was 88%.

Candidates who successfully wrote the NCLEX® Examination have demonstrated the knowledge, skills and abilities essential to the safe and effective practice of nursing at the entry level.

From the Nursing Practice Coordinator

R. Gino Chisari, RN, MSN - Nursing Practice Coordinator

During their December 13, 2006 meeting, the Board directed that a subcommittee of itself be formed to conduct further study into the following areas relative to continuing with its plan to revise the regulations at 244 CMR 4.00: Massachusetts Regulations Governing the Practice of Nursing in the Expanded Role. The areas include:

- The issue of liability and its implications for APRN practice;
- What happens when an employer revokes an APRN's facility privileges; and
- The availability of psychometrically sound examinations for authorizing a CNS to practice as an APRN.

Further, the Board directed the subcommittee to:

- Establish formal communications with the Board of Registration in Medicine to discuss prescriptive practice, supervising physician and guidelines; and
- Continuing gathering input from the practice domain organizations.

From the SARP Coordinator

Valerie Iyawe, RN, C, BSN, MBA - SARP Coordinator

Doug McLellan, RN, M.Ed - SARP Coordinator

Tim McCarthy, LMHC - MPRS/SARP Coordinator

Substance Abuse Rehabilitation and Evaluation Committees (SAREC) are a key part of the Substance Abuse and Rehabilitation Program (SARP). Each committee consists of nine volunteers, appointed by the Board, who are knowledgeable in the field of substance abuse and/or mental health. There are three Substance Abuse Rehabilitation and Evaluation Committees that meet once a month in Boston, Plymouth, or Holyoke. Each SAREC is comprised of two registered nurses, two licensed practical nurses, one nurse employed as a nursing service administrator, one registered or licensed practical nurse who has recovered from drug or alcohol addiction and has been drug and alcohol free for a minimum of two years, and three representatives of the public.

Serving as a SAREC member offers nurses and members of the public an excellent opportunity to participate in an important and valuable voluntary alternative to disciplinary action program for nurses in recovery. There continues to be a need for nurses and members of the public, who are experienced in the field of substance abuse and/or psychiatric disorders, to serve as SAREC members. These are voluntary positions with a commitment to attend a monthly meeting. Those interested in becoming SAREC members are encouraged to contact Doug Mclellan, SARP Coordinator, at 617-973-0931.

The Board of Registration in Nursing appreciates the dedication with which the all the SAREC members volunteer their time. We wish to recognize and thank the following new SAREC members who were appointed by the Board to one of the Substance Abuse Rehabilitation and Evaluation Committees over the past year: Gregory Auger, RN; Sandra Connant, RN; Anne DeLuca RN; Carol Eliadi,

RN; Debbie Hawkins, RN; Holly Jerek, RN and Karen Carpenter, RN.

From the Licensure Coordinator

Michael Bearse - Administrative Supervisor

Questions regarding mandatory continuing education (CE) requirements for license renewal come into the office on a daily basis. To better serve the nursing community, the Board has recently updated its "Frequently Asked Questions" page with the answers to the mostly commonly asked questions. Please see: www.mass.gov/dph/boards/rn > Continuing Education for answers to your most frequently asked questions regarding CE.

The recent change by the American Nurses Credentialing Center to recalculate a continuing education unit (CEU) to 60 minutes does not change the Board's regulation at 244 CMR 5.00. For Massachusetts license renewal purpose, 50 minutes of continuous education equals 1 contact hour. Calculation of contact hours for CEU is determined by dividing the total number of minutes of instruction contained in the program by 50, which equals the total number of contact hours that may be used towards license renewal.

From NCSBN

The National Council of State Boards of Nursing (NCSBN®) has selected Manila, the capital city of the Philippines, as a new site for the administration of the NCLEX® examinations. NCSBN's Board of Directors made the decision to expand the number of sites at its February 8, 2007 meeting.

Faith Fields, MSN, RN, president, NCSBN Board of Directors, comments, “The Philippine government has shown a deep commitment to ensuring a secure test center in Manila and has been very responsive to NCSBN concerns. Placing a test site in the Philippines will allow for greater customer service to nurses without compromising the goal of safeguarding the public health, safety and welfare of patients in the U.S.”

Offered abroad since January 2005, the current international sites for NCLEX examinations are in London, England; Seoul, South Korea; Hong Kong; Sydney, Australia; Toronto, Montreal, and Vancouver, Canada; Frankfurt, Germany; Mumbai, New Delhi, Hyderabad, Bangalore, and Chennai, India; Mexico City, Mexico; Taipei, Taiwan; and Chiyoda-ku and Yokohama, Japan.

Intended for the purposes of domestic nurse licensure in U.S. states and territories, all security policies and procedures currently used to administer the NCLEX examination domestically will be fully implemented at this new site. At this time, no schedule of implementation has been set.

Question of the Month

Q. I work in a diagnostic area of my hospital and recently the nurse manager has circulated a policy that directs me to administer Propofol as conscious sedation if ordered by the physician. Is this acceptable?

A. Yes. The popularity of using Propofol during special procedures is increasing in many hospitals, surgi-centers, and physician offices nationwide. Propofol is described as offering certain advantages over the other drugs used for sedation,

when used by trained and credentialed practitioners, because Propofol:

- Has a rapid onset and a short duration of action;
- Allows patients to wake up, recover, and return to baseline activities and diet sooner than some other sedation agents; and
- Reduces the need for opioids, resulting in less nausea and vomiting.

However, critics of this practice claim that clinicians may develop a false sense of security from the perceived safety profile of Propofol to influence their belief that the drug poses minimal risk. Administration of Propofol to a non-ventilated patient by a clinician who is not trained to administer drugs that can cause deep sedation is not safe, even if the drug is given under physician supervision, the critics contend.

The Board has determined that administering conscious sedation is within the legal scope of nursing practice. Further, it is the Board's determination that if Propofol is ordered as conscious sedation, and if the nurse meets the requirements to administer conscious sedation, then he/she is practicing within his/her legal scope.

The Board reminds all nurses that when engaging in any procedure, the nurse is held directly and individually accountable for his/her actions. In addition to complying with the requirements to administer conscious sedation (see attached link: http://www.mass.gov/?pageID=eohhs2terminal&L=7&L0=Home&L1=Provider&L2=Certification%2c+Licensure%2c+and+Registration&L3=Occupational+and+Professional&L4=Nursing&L5=Nursing+Practice&L6=Advisory+Rulings+on+Nursing+Practice&sid=Eeohhs2&b=terminalcontent&f=dph_quality_boards_nursing_p_conscious_sedation&csid=Eeohhs2), the nurse administering Propofol must be familiar with the onset, peak and action of the drug, be readily prepared to intervene in the event of an untoward effect, and know how to access and use emergency equipment as necessary.

Important Information

All nurses licensed by the Board are reminded of the regulations at 244 CMR 9.00: Standards of Conduct. The Standards of Conduct define the accepted behaviors and conduct of a nurse as he/she engages in the practice of nursing. The regulations at 244 CMR 9.00 apply equally to both Registered Nurses and Licensed Practical Nurses, and serve as the foundation to safe and effective care. They consist of 47 declarative statements that define for the nurse what one's responsibilities are as a licensed nurse. They serve too, as a legal foundation for policy and procedure when determining scope of practice questions. The Board encourages you to reread the Standards of Conduct by accessing, http://www.mass.gov/Eeohhs2/docs/dph/regs/244cmr009.pdf

The next edition of the newsletter is scheduled for July 2007. Please be sure to get your copy!